Received by S. Con on 1/5/2015 84 p.M.

FINANCIAL DISCLOSURE STATEMENT

		(For use by Local	Public Officers of the C	ity/Town of	SURPRISE)	
Date		12-18-14		Foi	r Calendar Year	2014	
				-	(Or other application	able period, plea	ase specify)
1.	GEN	ERAL INFORMATION					
	which	your name and address, a h you and members of you itions) and indicate wheth	ur household did busine er a business is contro	ess. Include lled or depe	endent, or both.	dependent busii	163565 (566
	(a)	Name of Local Public Of	fficer Robard	F. W	INTERS S	M.	
		Address	18261 W. WED	Menby	BRIVE, SU	REPRISE AZ	85374
	(b)	Name of Local Public Of	fficer's Spouse	CARR	ou win	Kuj	
	(c)	Members of Household	AND	SENN,	FER Wir	NERS	
	(-)						
	(d)	Names under which you and (c) above) did busin	, your spouse and mem	bers of you	r household (tho	se persons liste	d in (a), (b)
		c Officer or Household	Business Name		Business Addre	ess	Controlled and/or Dependent Business

2. SOURCES OF COMPENSATION

List names and addresses of all employers and all other sources of compensation in excess of \$1,000 received during the preceding calendar year by you, your spouse or members of your household (those persons listed in 1 (a), (b) and (c) above), or received by any other person for the use or benefit of you, your spouse or members of your household. Also, describe the nature of each employer's business and the services for which compensation was received.

You Need Not List:

Income to a business listed in 1 (d), specifically those individual sources of compensation that constituted a portion of the gross income of the business from which you or members of your household derived compensation.

Local Public Officer or Member of Household	Description of Employer's Name & Address of Employer or Other Source of Compensation over \$1,000	Business <u>and</u> Individual's Services for Which Compensation Was Received
ROLAND FIWINTANI SA	Social Skieway	· 7
CARROW WINGERS	5.5 .	
SENN FOR L. WINERS	SS Disphary	

3. INFORMATION ON CONTROLLED BUSINESS

In Columns (1) and (2) give the name of any controlled business and describe the goods or services provided by the business.

If a single source of compensation to the controlled business amounts to more than \$10,000 and 25 percent of the gross income of the business, indicate the nature of the goods and services provided to the customer or client and a description of the business activities if that customer or client is a business in Columns (3) and (4). If there is no such major client or customer, leave Columns (3) and (4) blank.

You Need Not List:

The identity of any customer or client.

The amount of income from any customer or client.

The activities of any customer or client which is not a business.

(1)	(2)	(3)	(4)
Name of Controlled Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 25% of Gross)	Business Activity of the Major Customer or Client, if a Business
(Use additional sheet if there is more	e than one such major custor	ner or client of a controlled b	usiness.)

4. INFORMATION ON DEPENDENT BUSINESS

A "dependent business" is so-called because over half of its income is dependent on one major customer or client. A dependent business may also be a controlled business if the public officer or members of his household also own more than a fifty percent interest in the business. If a dependent business is listed as a controlled business under Item 3, it need not be listed in this item.

Describe the goods or services provided by the business, the goods or services provided to the major customer or client and the business activity if the major customer or client is a business.

You Need Not List:

The identity of any customer or client.
The amount of income from any customer or client.
The activities of any customer or client which is not a business.

(1)	(2)	(3)	(4)
Name of Dependent Business (from Item 1 (d))	Goods or Se Provided by Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 50% of Gross)	Business Activity of the Major Customer or Client, if a Business

(Use additional sheet if there is more than one such major customer or client of a dependent business.)

5A. OWNERSHIP/BENEFICIAL INTEREST IN BUSINESS OR TRUST; INVESTMENTS

List the names and addresses of all businesses <u>and trusts</u> in which you or members of your household had an ownership or beneficial interest of over \$1,000 at any time during the preceding calendar year, together with a description of the interest and value of the equity interest by category number. You should list stocks, partnerships, joint ventures, sole proprietorships and other equity interests. Also, list beneficial interests in trusts.

Name and Address of Business or Trust	Local Public Officer or Member of Household	Description of Interest	Value of Equity by Category #
WINTERS FAMILY			
WINTERS FAMILY	ROLAN F. Winter		
	- CAROLL WINES	_	
List the names and address any office or had a fiducia description of the office or	recomplete the second services of all businesses and trusts in a ry relationship at any time during the relationship. all interest, you should list all busine nt, treasurer, secretary or trustee, expenses the second se	which you or any member of the preceding calendar year, asses and trusts of which you	ou or any member of of "Business".) Office

6.	REAL PROPERTY OWNERSHIP	IN CITY/TOWN OF SURPRISE		
	SURPRISE , including lo	real property improvements located in ocation and approximate size in which y as held legal title or a beneficial interest category, of the equity in any such prop	ou, any member of y t at any time during t	our household or he preceding
	interest during the preceding cale controlled or dependent business	sehold or a controlled or dependent bus ndar year, disclose the transaction mad is in the business of dealing in real pro s or transactions, but the aggregate val	de and date that it oc perty or improvemen	curred. If the its, disclosure
	You Need Not List:			
	Your primary residence. Property used for personal Individual parcels and trans a dealer in real property.*	actions, if a controlled or dependent but	isiness is	
App	ation and roximate Size lealty in City/Town	Local Public Officer or Member of Household or Business from Items 3 or 4	Value of Equity by Category	Date Acquired or #Divested
-	***			
-				
*Bu	siness dealers in real propertystate ity interests, by category number, of	e only name of controlled or dependent all parcels held during the year.	business and aggree	gate value of
	ne of Controlled or Dependent iness Dealer in Real Property	of E	regate Value quity Interests Category #	
-				
7.	DEBTS; EXCEPTIONS			
	List names and addresses of credi household either in your own name calendar year.	tors for all debts in excess of \$1,000 over es or in the names of any other persons	ved by you or member at any time during the	ers of your he preceding
	List names and addresses of credi \$10,000 which was also more than preceding calendar year.	tors to whom a controlled or dependent 30 percent of the total business indebt	business owed a de edness at any time o	bt of more than during the
				1

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Debts resulting from the ordinary conduct of a business <u>other than</u> a controlled or dependent business.

Credit card transactions.

Debts on residences or recreational property exempt from disclosure.

Retail installment contracts.

Debts on motor vehicles not used for commercial purposes.

Debts secured by cash values on life insurance.

Debts owed to relatives.

Any amounts.

PERSONAL DEBTS OVER \$1,000

Name and Address of Creditor (or Person to Whom Payments Are Made)	Date Local Public Officer or Member of Household Owing the Debt	Incurred and/or Discharged
Name and Address of Croditor	BUSINESS DEBTS OVER \$10,000 AN Date Local Public Officer	D 30%
Name and Address of Creditor (or Person to Whom Payments Are Made)	or Member of Household Owing the Debt	and/or Discharged

8. **DEBTORS**

List the name of the debtor for each debt in excess of \$1,000 owed at any time during the preceding calendar year to you and members of your household or to any other person for the use or benefit of the aforementioned persons.

List the name of the debtor for each debt exceeding \$10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business at any time during the preceding calendar year.

Give the amount of each debt by category number.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Those debts owed to you or members of your household resulting from the ordinary conduct of a business <u>other than</u> a controlled or dependent business.

	DEBT	S OVER \$1,000 OWED TO YOU PERS	ONALLY	Data
Nar	ne of Debtor	Local Public Officer or Member of Household to Whom Debt is Owned	Amount by Category #	Date Incurred and/or Discharged
				_
-			_	
		_	_	
	DERTS OV	ER \$10,000 AND 30% OWED TO YOU	R RUSINESS	
	DEB13 OV	75.13	K BOOMEOO	_
Nan	ne of Debtor	Name of Controlled or Dependent Business to Whom the Debt is Owed (Business from Item 3 or 4)	Amount by Category #	Date Incurred and/or Discharged
			_	
		_		-
			· ·	-
9.	GIFTS			
	List each source of any gift or ac calendar year by you, members of aforementioned persons.	cumulated gifts in excess of \$500 in va of your household or by any other person	alue received during to on for the use or bend	he preceding efit of the
	You Need Not List:			
	Gifts received from testam Gifts received from any oth degree of consanguinity grandchildren of the reci	os (living) trusts established by a spou entary trusts established by a spouse of her member of the household or relative (Parents, grandparents, siblings, chile	or ancestor. es to the second dren and	

Name of Donor of	Gifts over \$500		Local Public Officer or HouseholdRecipien	
* \				
0. BUSINESS	LICENSES			
which requi of the CITY	res for its issuance the cons	City/Town of SURPRISE of ideration of the application for neld by or in which you or any rig calendar year.	such license by the C	ITY 🔧 cour
		Local Public Officer or Member of		
ype of	Name in Which License is	Household Holding Interest, if Not	Type of	Location of
icense	Issued	Issued in Own Name	Business	Business
		_		
				_
		-	_	_
				_
				-
LOCAL GO	VERNMENT BONDS			
List all bond authority of any time du	s, together with their value, such city or town or any non	issued by the City/Town of <u>SUI</u> profit corporation organized or year by you or any member of y ,000.	authorized by such ci	strial developme ty or town held bonds issued b
If the bonds date.	were acquired or divested d	uring the year, list whether the	y were acquired or div	ested and the
				Date Acquired
onds Over 1,000	Issuing Agency	Local Public Officer or Member of Household	Value by Category #	and/or # Divested
,000	, oca mg mg mc,			
				_ \

VERIFICATION

I do solemnly swear that the foregoing Financial Disclosure Statement filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to Resolution No. N/A
Roland Winter /
Signature of Affiant
SUBSCRIBED and sworn to before me by Roland wintons, Jr. this St. day of January 2015 Wheny an Oxio
Notary Public
My Commission Expires: OFFICIAL SEAL SHERRY ANN AGUILAR Notary Public - State of Arizona MARICOPA COUNTY My Comm. Expires May 9, 2015